

Introduction

These are the 2004 instructions for compliance with 354.603.2, RSMo. This filing is due March 1, 2004. The Missouri Department of Insurance (MDI) will be using the enclosed instructions at the January 14, 2004 access plan meeting.

In an attempt to make the instructions clearer, MDI has broken down the regulation and included check sheets to be used if you wish.

Included in the instruction package:

- Instructions
- Missouri hospitals coded according to definitions in 20 CSR 400-7.095
- Missouri counties and population, with assigned county type
- Required field names and lengths
- Checklists

Pursuant to 192.068.1 RSMo, the Missouri Department of Health and Senior Services (DHSS) is required to publish network adequacy information by September of each year. The MDI will impose deadlines to comply with this requirement.

Failure to file the access plan by March 1, 2004, or to respond to requests for additional or resubmitted information may subject an HMO to fines pursuant to 354.444, RSMo. Failure to file may also subject an HMO to the restriction, suspension or revocation of the HMO's certificate of authority pursuant to 354.470, RSMo.

If you have any questions or concerns, please contact one of the following:

Gretchen Schmitz, FLMI, ALHC, Managed Care Specialist
Managed Care Section
Division of Market Regulation
(573) 751-3038
Gretchen.Schmitz@insurance.mo.gov

Kay Closson, Managed Care Specialist
Managed Care Section
Division of Market Regulation
(573) 522-8744
Kay.Closson@insurance.mo.gov

Randy Rust, Contract Compliance Specialist
DSS/Division of Medical Services
(573) 526-2886 or (573) 522-9177
Randall.L.Rust@dss.mo.gov
Randy.Rust@insurance.mo.gov

2004 Analyst Assigned to each HMO

(subject to change)

MDI Contact	HMO
Gretchen Schmitz, FLMI, ALHC, Managed Care Specialist Managed Care Section Division of Market Regulation (573) 751-3038 Gretchen.Schmitz@insurance.mo.gov	AET Health Care Plan, Inc. Community Health Plan Coventry Health Care of Kansas, Inc. Essence, Inc. HMO Missouri, Inc. Humana Health Plan, Inc. Mercy Health Plan of Missouri United Healthcare of the Midwest, Inc.

MDI Contact	HMO
Kay Closson, Managed Care Specialist Managed Care Section Division of Market Regulation (573) 522-8744 Kay.Closson@insurance.mo.gov	Aetna Health, Inc. Blue Cross & Blue Shield of Kansas City Cigna Healthcare of Ohio, Inc. Cigna Healthcare of St. Louis, Inc. Cox Health Systems HMO, Inc. Good Health HMO, Inc. Group Health Plan, Inc Great-West Healthcare of Kansas/Missouri, Inc. Healthlink HMO, Inc.

MDI Contact for Medicaid + Choice	HMO
Randy Rust, Contract Compliance Specialist DSS/Division of Medical Services (573) 526-2886 Randall.L.Rust@dss.mo.gov Randy.Rust@insurance.mo.gov	Alliance for Community Health, LLC Blue Cross & Blue Shield of Kansas City Childrens Mercy Family Health Partners, Inc Firstguard Health Plan, Inc Healthcare USA of Missouri, LLC Mercy Health Plan of Missouri Missouri Care, LC

General Filing information

20 CSR 400-7.095 sets forth specific criteria that the MDI will be using to evaluate each HMO's network. The regulation uses distance and wait-time standards set forth for specified medical professionals, facilities and ancillary service providers. These Instructions are intended as guidelines for preparation of the required information.

Filing fees:

Pursuant to §354.495, RSMo, the MDI will collect a filing fee of \$20.00 for each Access Plan filed. This fee will be billed through MDI's automated billing system. A TD-1 is **NOT** required.

Where to send the Access Plan(s):

Please mail the completed Access Plan with the required items and diskette(s) on or before **March 1st** to:

Gretchen Schmitz, Managed Care Specialist
Missouri Department of Insurance
Managed Care Section
301 West High Street, Room 530
Jefferson City, MO 65102

The data portion of the Access Plan may be e-mailed. The MDI requests that e-mail submissions be sent to the Managed Care Assistant, Preston McClain, at Preston.McClain@insurance.mo.gov.

How to contact the Managed Care Section:

Direct inquiries regarding the Access Plan to Gretchen Schmitz at the above address, or by phone at (573) 751-3038 or via email at Gretchen.Schmitz@insurance.mo.gov.

The World Wide Web:

Copies of these instructions can also be obtained on the MDI homepage at:

<<http://insurance.mo.gov/industry/forms/>> or <<http://insurance.mo.gov/industry/filings/mc/index.htm>>

Additional information concerning the Department and other regulations and services is also available from the web site.

The Access Plan

Pursuant to §354.603, RSMo, HMO's licensed in the state of Missouri must file an Access Plan with the Missouri Department of Insurance (MDI). The Access Plan must include the following information:

1. A description of the health carrier's network (in a format that is described later in these instructions, or a completed affidavit in 400-7.095 exhibit B);
2. A description of the HMO's procedures for making referrals within and outside its network;
3. A description of the HMO's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of enrollees of the managed care plan;
4. A description of the HMO's method for assessing the health care needs of enrollees and their satisfaction with services;
5. A description of the HMO's method of informing enrollees of the plan's services and features, including but not limited to, the plan's grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care;
6. A description of the HMO's system for ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services (including social services and other community resources) and for ensuring appropriate discharge planning;
7. A description of the HMO's process for enabling enrollees to change primary care physicians;
8. A description of the HMO's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, a reduction in service area or the health carrier's insolvency or other inability to continue operations. The description shall explain how enrollees would be notified should any of these events occur, and how enrollees would be transferred to other providers in a timely manner; and
9. Any other information required by the director to determine compliance with the provisions of §RSMo 354.600-354.636:

A. For the **March 1, 2004** filing, the Director requires that all HMOs include their most recent copies of all network provider directories with the access plan, pursuant to §354.603.2(9), RSMo. This includes any sub-directories such as mental health, pharmacy, etc.

B. Information as required by 20 CSR 400-7.095 (2)(A)3.A demonstrating the following:

1. Emergency Medical Services
2. Home Health Providers – chart.
3. Administrative Measures for Timely Access to Appointments
4. Administrative Measures to Assure Reasonable Access to Providers not in Exhibit A, without unreasonable delay

- Annual access plans must be submitted on or before **March 1st** of each year.
- A new access plan must be filed if the HMO experiences a significant change in its network or enrollment before the annual filing date.

Reminders:

Networks that contain POS providers: When reporting a network, report only the regular HMO network. Do not include the POS providers and facilities. POS enrollees should continue to be included and reported in the appropriate enrollee file as done in the past.

Additional Instructions for MC+ networks

Pursuant to Attachment 5 of the most recent MC+ contract, MC+ programs are encouraged to reflect any applicable Community Mental Health Centers, Federally Qualified Health Centers, Rural Health Clinics, Family Planning Providers, Local Public Health Agencies or School Based Clinics in the applicable network data file. For example, the location of a Local Health Agency contracted to provide primary care services should be reflected in the provider data file. If the medical professional rendering care at that location is unknown, it is acceptable to put the Local Health Agency's name in either the FRSTNAME or LASTNAME field of the provider data file. Please see Pages 8, 10 and 11.

The Cover Letter

Please include a cover letter containing the following information:

All managed care plans (MCP) offered by the HMO, including each product's name and type.

NOTE: If separate MCP's have different networks, you must submit a separate set of data files or affidavit for each MCP.

A chart indicating the populations served by the HMO and the Missouri counties in which the HMO is currently serving those populations (See example below).

Approved Service Area	Commercial Plan	Medicaid Plan	Medicare Plan	MCHCP Plan
Adair	X			X
Andrew	X	X		X
Barry	X	X	X	X
Barton	X		X	

X' indicates that the HMO serves that population in the corresponding county listed in the first column.

Network Description - Data Submission Guidelines

For each MCP, four distinct data files for each network should be submitted to the MDI for analysis. If the MCP is covered by accreditation, then an affidavit may be submitted instead of data files. Data files that are infected with any form of virus will be destroyed, and must be resubmitted free of viruses. The Managed Care Section uses GeoNetworks to analyze each network. The required files are as follows:

1. The **enrollee file** must contain a count by Zip code of the number of enrollees accessing the network. **DO NOT INCLUDE ADMINISTRATIVE SERVICES, ONLY (ASO) MEMBERS IN THE ENROLLEE FILE.** Include only information for members employed or residing in the state of Missouri.
2. The **provider file** must contain information about medical professionals that are available to the members listed in the enrollee file, and with whom the carrier has an agreement or other contractual arrangement. The file must include all subcontracted professionals.
3. The **facility file** must contain information about the facilities that are available to the members listed in the enrollee file, and with whom the carrier has an agreement or other contractual arrangement. The file must include all subcontracted facilities.
4. The **ancillary file** must contain information about the ancillary service providers that are available to the members listed in the enrollee file, and with whom the carrier has an agreement or other contractual arrangement. The file must include all subcontracted ancillary service providers.

All files should contain data as of **January 1st** for the year being reported. Specific formatting guidelines for these files begin on page 7 of these instructions.

Data may be e-mailed to the Managed Care Section, <Preston.McClain@insurance.mo.gov>, or mailed on diskette(s).

General diskette submission guidelines:

Diskettes may be submitted in the following media:

- CD-ROM
- Zip disk
- 3 ½" high density floppy diskette (MS-DOS PC compatible)

Diskettes should be mailed to MDI protected by either a diskette mailer or cardboard. Do not staple the diskette mailer shut. Diskette(s) that are damaged in shipment will not be processed and it will be necessary to resubmit the data.

Diskettes should be clearly labeled with the following information (see Figure 1):

1. Company name;
2. Files on diskette (e.g. Provider.txt);
3. Name and phone number of the person who can answer questions about submitted data;
4. Format of files on diskette (**NOTE:**GeoNetworks will only process data in MSAccess files (*.mdb). MSAccess is preferred. Please contact Gretchen Schmitz at (573) 751-3038 if data is submitted in any other format.
5. Sequence number (e.g. 1 of 2, 2 of 2)

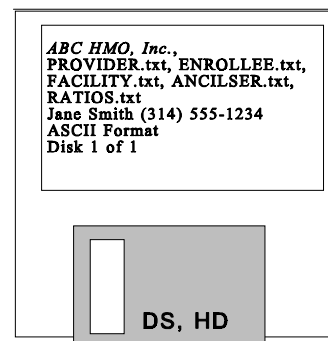


Figure 1. Sample of diskette label. Although MDI would prefer that the labels be typed, labels can be handwritten. However, they must be legible and must include the information indicated above.

Enrollee File(s) Instructions

The enrollee file must contain a count by Zip code of the number of enrollees accessing each MCP submitted as of **January 1st**. These files should be submitted in either ASCII (*.txt) or MS Access (*.mdb) formats. File names, field names/column headings, and the required contents of each data file are listed below. The formatting recommendations for submission of ASCII fixed-record length, non-delimited text format are also listed below should the HMO elect to use this format. The number of enrollee files required will depend on what products the HMO offers. **Do not include Administrative Services, Only (ASO) members in any file.**

Commercial Plan enrollee file (COMENR.txt or COMENR.mdb)

(including commercial HMO and POS members, combined group and individual, EXCLUDING Medicaid, Medicare, MCHCP and ASO members)

Field 1: ZIPCODE (5-digit Zip code);

Field 2: COUNTCM (Commercial HMO plan enrollee count);

Field 3: NAIC (Reporting HMO's 5-digit NAIC number);

Medicaid Plan enrollee file (MDCDENR.txt or MDCDENR.mdb)

Field 1: ZIPCODE (5-digit Zip code);

Field 2: COUNTMCD (Medicaid plan enrollee count);

Field 3: NAIC (Reporting HMO's 5-digit NAIC number);

Medicare Plan enrollee file (MDCRENr.txt or MDCRENr.mdb)

Field 1: ZIPCODE (5-digit Zip code);

Field 2: COUNTMCR (Medicare plan enrollee count).

Field 3: NAIC (Reporting HMO's 5-digit NAIC number);

MCHCP Plan enrollee file (MCHCPENr.txt or MCHCPENr.mdb)

Field 1: ZIPCODE (5-digit Zip code);

Field 2: COUNTMCH (MCHCP plan enrollee count).

Field 3: NAIC (Reporting HMO's 5-digit NAIC number);

Enrollee File ASCII Parameters: If an ASCII fixed-width file format is used there should be a separate record of fixed-length 18 for each applicable Zip code. All numeric fields should be right justified (left zero filled) and all text fields left justified. Please do not include decimals, commas or carriage control characters in the data file.

Enrollee File ASCII Parameters:

Field Name/Column Heading	Field Length	Field Position	Field Type
ZIPCODE	5	01-05	Text
COUNT*	8	06-13	Numeric
NAIC	5	14-18	Text

*COUNTCM for commercial enrollees, or COUNTMCD for MC+ enrollees, or COUNTMCR for Medicare+Choice enrollees, or COUNTMCH for Missouri Consolidated Health Plan (MCHCP) enrollees

Provider File Instructions

Please submit only ONE provider file per MCP. Each provider file must contain medical professionals of the types listed on page 12. This file must contain all subcontracted medical professionals. Failure to include subcontracted medical professionals may cause your network to appear inadequate.

NOTE: Report all medical professionals that would provide services to Missouri enrollees.

NOTE: Report a Primary Care Physician as a Specialist ONLY if he/she is licensed and practicing that specialty. If a physician serves as both a PCP and a Specialist, place a "1" in both the **PRIMCARE** and **SPCILST** Fields.

NOTE: Addresses should indicate the street and Zip code where medical professionals practice their specialty. **Do not use PO Box numbers! Do not use suite numbers!** GeoNetworks will not process PO Boxes or suite numbers. Any medical professional listed with a PO box or a suite number may be excluded from the network analysis. This may cause the HMO's network to appear inadequate. MDI will inform each HMO if their provider file(s) contain address information that cannot be used.

NOTE: If a medical professional practices at multiple locations, please provide a separate record for each address. **Do not put extra practice locations in an "Address 2" field or any variation of supplying that information through additional fields.** Any fields beyond what are required in these instructions are eliminated from the data files prior to analysis. MDI will inform any HMO affected if extra address fields were eliminated. MDI does not have the resources to inform HMOs exactly which addresses would be lost if extra address fields are eliminated.

NOTE: License Numbers are those assigned by the Mo. Dept. of Economic Development, Division of Professional Registration. License Numbers are collected on the Standardized Credentialing Form (SCF) for every contracted medical professional. **Do not use ID numbers assigned by the HMO.** Any medical professionals in the provider file that do not have a valid license number may be excluded from the network analysis. MDI will inform any HMO affected if medical professionals were eliminated due to lack of valid license numbers.

NOTE: Some of the medical professional codes begin with zero. **Failure to format SPEC1, SPEC2 and SPEC3 as text fields will result in the loss of leading zeros.** MDI will require the provider file to be resubmitted with the appropriate formatting and intact medical professional codes.

NOTE: For MC+ plans, any of the agencies listed in Attachment 5 of the most recent MC+ contract that are providing primary care or specialty care services should be listed in the provider data file. (An agency or clinic that does not provide the full range of primary care services specified in the MC+ contract cannot be reported as a PCP, but may be reported as any applicable specialty care provider, such as vision care.) If the medical professional rendering care at the applicable location is unknown, it is acceptable to put the applicable agency's name in either the **FRSTNAME** or **LASTNAME** field of the provider data file.

This file is to be prepared based on medical professionals in the applicable network as of **January 1st**.

Provider File ASCII Parameters: If an ASCII fixed-width file format is used, there should be a separate record of fixed-length 145 for each contracted and subcontracted medical professional. **All fields should be left justified text fields.** Please do not include decimals, commas or carriage control characters in the data file.

Field Name/ Column Heading	Field Description	Field Length	Field Position	Field Type
LICNUM	Medical Professional's license number (See p. 8 of the SCF ¹)	10	01-10	Text
LASTNAME	Medical Professional's last name	25	11-35	Text
FRSTNAME	Medical Professional's first name	18	36-53	Text
MIDINIT	Medical Professional's middle initial	1	54	Text
PROVADD	Medical Professional's practice address Not a PO Box	40	55-94	Text
PROVCITY	Medical Professional's practice city	20	95-114	Text
PROVST	Medical Professional's practice state	2	115-116	Text
ZIPCODE	Medical Professional's practice zipcode.	5	117-121	Text
PRIMCARE	Is the Medical Professional a Primary Care Physician? 1=yes 0=no	1	122	Text
SPCILST	Is the Medical Professional a specialist? 1=yes 0=no	1	123	Text
HMOCOMM	Does the Medical Professional see commercial enrollees? 1=yes 0=no	1	124	Text
HMOMDCR	Does the Medical Professional see Medicare enrollees? 1=yes 0=no	1	125	Text
HMOMDCD	Does the Medical Professional see Medicaid enrollees? 1=yes 0=no	1	126	Text
HMOMCHCP	Does the Medical Professional see MCHCP enrollees? 1=yes 0=no	1	127	Text
PRIMEYE	Does Medical Professional's contract include provision of primary medical eye care? 1=yes 0=no	1	128	Text
SPEC1	Medical Professional's most frequently practiced specialty (See p. 7 of the SCF ¹ and choose from the list of codes on page 12).	3	129-131	Text ²
SPEC2	Medical Professional's second most frequently practiced specialty, if any (See p. 7 of the SCF ¹ and choose from list of codes on page 12).	3	132-134	Text ²
SPEC3	Medical Professional's third most frequently practiced specialty, if any (See p. 7 of the SCF ¹ and choose from list of codes on page 12).	3	135-137	Text ²
CLOSPRAC	Is the Medical Professional closed to new patients? 1=yes 2=no (See p.2 #21 of the SCF ¹)	1	138	Text
PROVNAIC	Reporting HMO's 5-digit NAIC number	5	139-143	Text

¹Standardized Credentialing Form for Missouri

²Some of the medical professional codes begin with zero. Failure to format Spec1, Spec2 and Spec3 as text fields will result in the loss of leading zeros. MDI will require the provider file to be resubmitted with the appropriate formatting and intact medical professional codes.

Facility File Instructions

Please submit only ONE facility file per MCP. Each facility file must contain the facilities listed on page 12, including hospitals, outpatient and inpatient mental health facilities and pharmacies. This file must contain all subcontracted facilities (i.e. third party pharmacy vendors). Failure to report subcontracted facilities may cause your network to appear inadequate.

NOTE: Addresses should indicate the street and Zip code where each facility is physically located. **Do not use PO Box numbers! Do not use suite numbers!** GeoNetworks will not process PO Boxes or suite numbers. Any facility listed with a PO Box or a suite number may be excluded from the network analysis. This may cause the HMO's network to appear inadequate. MDI will inform each HMO if their facility file(s) contain address information that cannot be used.

NOTE: In order to correctly reflect all services provided by a facility, it may need to be listed more than once in the facility file. For example, a particular hospital could be listed between one and sixteen separate times according to the services it provides. See page 12 for the complete list of all facility codes.

NOTE: For MC+ plans, any of the agencies listed in Attachment 5 of the most recent MC+ contract that are providing mental health or pharmacy services should be listed in the facility data file.

NOTE: It is now permissible to use the NABP# for pharmacies rather than a tax ID number.

This file is to be prepared based on health care facilities in the applicable network as of **January 1st**.

Facility File ASCII Parameters: If an ASCII fixed-width format is used there should be a separate record of fixed-length 234 for each contracted and subcontracted health care facility. All fields should be left justified text fields. Please do not include decimals, commas or carriage control characters in the facility file.

Facility File ASCII Parameters:

Field Name/ Column Heading	Field Description	Field Length	Field Position	Field Type
TAXID	Facility's tax ID number or NABP# for pharmacy	15	01-15	Text
FACTYPE	Type of facility (See list of applicable codes on page 12)	3	16-18	Text
FACNAME	Facility's name	100	19-118	Text
FACSTRT	Facility's street address Not a PO Box	80	119-198	Text
FACCITY	Facility's city	20	199-218	Text
FACSTATE	Facility's state	2	219-220	Text
ZIPCODE	Facility's zipcode	5	221-225	Text
FACCOMM	Does the facility see commercial enrollees? 1=yes 0=no	1	226	Text
FACMDCR	Does the facility see Medicare enrollees? 1=yes 0=no	1	227	Text
FACMDCD	Does the facility see Medicaid enrollees? 1=yes 0=no	1	228	Text
FACMCHCP	Does the facility see MCHCP enrollees? 1=yes 0=no	1	229	Text
FACNAIC	Reporting HMO's 5-digit NAIC number	5	230-234	Text

Ancillary Provider File Instructions

Please submit only ONE ancillary file per MCP. Each ancillary file must contain the ancillary service providers listed on page 12, including physical, speech and occupational therapists, and audiologists. This file must contain all subcontracted ancillary service providers. Failure to include subcontracted ancillary service providers may cause your network to appear inadequate.

NOTE: Addresses should indicate the street and Zip code where each ancillary service provider is physically located. **Do not use PO Box numbers! Do not use suite numbers!** GeoNetworks will not process PO Boxes or suite numbers. Any ancillary provider listed with a PO Box or a suite number may be excluded from the network analysis. This may cause the HMO's network to appear inadequate. MDI will inform each HMO if their ancillary file(s) contained address information that cannot be used.

NOTE: It may be necessary to list an ancillary service provider more than once in order to accurately reflect all services that she/he/it may provide. Additionally, ancillary service providers may be individuals or facilities. For example, a hospital previously reported in the facility file may provide certain therapy or nursing services, and therefore, should be reported in the ancillary file with the appropriate ancillary service code(s).

NOTE: For MC+ plans, any of the agencies listed in Attachment 5 of the most recent MC+ contract that are providing ancillary services should be listed in the ancillary data file.

NOTE: It is no longer necessary to report Home Health Providers in the Ancillary Data File. Home Health Providers are reported in chart form in the written portion of the access plan, per 20 CSR 400-7.095(2)(A)3.A. Please see page 4 of these instructions. Please be aware that this information may be subject to verification by our Market Conduct examiners at any time.

This file is to be prepared based on ancillary service providers in the applicable network as of **January 1st**.

Ancillary Services File ASCII Parameters: If an ASCII fixed-width format is used there should be a separate record of fixed-length 236 for each contracted and subcontracted ancillary service provider. All fields should be left justified text fields. Do not include decimals, commas or carriage control characters in data file.

Ancillary Services File ASCII Parameters:

Field Name/ Column Heading	Field Description	Field Length	Field Position	Field Type
TAXID	Ancillary service provider's tax ID number	15	01-15	Text
ANCTYPE	Type of ancillary service provider (See list of applicable codes on page 12)	3	16-18	Text
ANCNAME	Ancillary service provider's name	100	19-118	Text
ANCSTRT	Ancillary service provider's street address Not a PO Box	80	119-198	Text
ANCCITY	Ancillary service provider's city	20	199-218	Text
ANCSTATE	Ancillary service provider's state	2	219-220	Text
ZIPCODE	Ancillary service provider's zipcode	5	221-225	Text
ANCCOMM	Does the ancillary service provider see commercial enrollees? 1=yes 0=no	1	226	Text
ANCMDCR	Does the ancillary service provider see Medicare enrollees? 1=yes 0=no	1	227	Text
ANCMDCD	Does the ancillary service provider see Medicaid enrollees? 1=yes 0=no	1	228	Text
ANCMCHCP	Does the ancillary service provider see MCHCP enrollees? 1=yes 0=no	1	229	Text
ANCHOME	Does the ancillary service provider offer home-based services to enrollees? 1=yes 0=no	1	230	Text
ANCFACIL	Does the ancillary service provider offer facility-based services to enrollees? 1=yes 0=no	1	231	Text
ANCNAIC	Reporting HMO's 5-digit NAIC number	5	232-236	Text

Medical Professional Codes*

*These codes were adapted from the American Medical Association and American Osteopathic Association Specialty Codes List.

Primary Care Providers **The below Providers should be coded with a “1” in the PRIMCARE Column**

General Medicine	087	†Obstetrics	029
Family Medicine	010	†Gynecology	015
Internal Medicine	019	†Obstetrics/Gynecology	030
Pediatrics (PCP only)	038	†Advanced Nurse Practitioners	ANP

†These providers are primary care providers only if the HMO permits this pursuant to the benefits contract and the provider contract. HMO's wanting to use the services of an Advanced Nurse Practitioners as a PCP in their commercial or MCHCP network must request an exception per 20 CSR 400-7.095(3)(A)1.B.(V).

Specialists **The below Providers should be coded with a “1” in the SPCILST Column**

Obstetrics/Gynecology	030	Physical Medicine/Rehab	042
Neurology	024	Podiatry	200
Dermatology	006	†Vision Care/Primary Eye Care	201 or 032
Allergy	002	Orthopedics	202
Cardiology	106	Otolaryngology	094
Endocrinology	009	Pediatric (PCP, Specialist or both)	038
Gastroenterology	011	Pulmonary Disease	048
Hematology/Oncology	110	Rheumatology	053
Infectious Disease	018	Urology	125
Nephrology	023	General Surgery	059
Ophthalmology	032	Psychiatrist-Adult/General	043
Psychologists/Other Therapists	PSY		
Psychiatrist-Child/Adolescent	044	Chiropractor	CDO

† (Ophthalmologists providing primary eye care-report as 032 with 1 in PRIMEYE field. Optometrists providing primary eye care-report as 201 with 1 in PRIMEYE field.)

Facility Codes

Hospitals

Basic Hospital	HBA
Secondary Hospital	HSE
Level I or Level II Trauma Unit	HT1
Neonatal Intensive Care Unit	HT2
Perinatology Services	HT3
Comprehensive Cancer Services	HT4
Cardiac Catheterization	HT5
Cardiac Surgery	HT6
Pediatric Subspecialty Care	HT7

Pharmacies

Pharmacy	PHA
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Mental Health Facilities

Outpatient-Adult	OMA
Outpatient-Child/Adolescent	OCA
Outpatient-Geriatric	OMG
Inpatient/Intensive Treatment-Adult	IIA
Inpatient/Intensive Treatment-Child/Adolescent	ICA
Inpatient/Intensive Treatment-Geriatric	IIG
Inpatient/Intensive Treatment-Alcohol/Chemical Dependency	IAC

Ancillary Healthcare Services Codes

Physical Therapy	PTA
Occupational Therapy	OTA
Speech Therapy	STA
Audiology	ATA

Affidavit Submission Guidelines

1. The affidavit set forth in Exhibit B may be submitted in lieu of submission of the information required by subsection (2)(A)1.A of the attached regulation for each managed care plan the HMO operates.
2. Each managed care plan must fall into at least one of the following categories:
 - A. Medicare + Choice
 - B. NCQA Accreditation
 - C. JCAHO Accreditation
 - D. URAC Accreditation
 - E. Accreditation by any other nationally recognized managed care accrediting organization which has been received by the department of insurance by October 15 of the year prior to the year the access plan is filed and approved by the department of insurance.
3. In each case, accreditation must be in effect as of March 1, 2004.
4. The affidavit must specify the product name(s) of the managed care plan for which accreditation has been awarded.
5. The form number(s) of the health benefit plan for the managed care plan(s) must be listed on the affidavit.
6. The affidavit must be signed and notarized.
7. Information required by 354.603.2(2) through (9) and by 20 CSR 400-7.095(2)(A)3 must also accompany the affidavit.
8. Please attach a copy of the accreditation certificate to the affidavit.

Requesting Exceptions

1. **Quality of Care Exception:**
HMO must submit a request which demonstrates the quality of care to enrollees is enhanced and that it imposes no greater cost to enrollees than they would have incurred if they had access to providers as otherwise required by this rule. If the exception is granted, a score of 90% will then be manually entered into the chart for the provider type in that requested county.
2. **Noncompetitive Market Exception for PCP's and Pharmacies:**
HMO must submit a request for consideration of an exception that would double the distance standard for counties that are believed to be lacking available primary care physicians and/or pharmacies that meet the HMO's credentialing standards. The county requested should be listed along with the provider type. A determination will be made by MDI taking into consideration available providers who are practicing in the proximity of the requested county. If no provider of that type is available for contracting, the distance standard set for that county type will be doubled. The recalculated score will then be entered into the chart that reflects the access for that county.
3. **Noncompetitive Market Exception for other provider types:**
HMO must submit a request for consideration of an exception which would demonstrate that the HMO's nearest contracted provider is practicing at a location which is not more than 25 miles further than the distance to the nearest available provider of that type for that county, or that they have contracted with the nearest available provider for that county. A determination will be made by MDI by taking a measurement to the nearest available provider. If that distance standard is "X", the HMO's nearest contracted provider must be located within "X" plus 25 miles. If the nearest contracted provider falls within that distance, an exception will be granted. A score of 90% will then be manually entered into the chart for the provider type in that requested county. If the HMO has contracted with the nearest available provider as determined by MDI and has requested such an exception, the score for that provider type in that county will be manually set to 90%, even though the distance exceeds the minimum as set forth by the regulation.
4. **Staff or IPA Model Exception:**
HMO must submit documentation that all or substantially all of the health care services provided to enrollees are provided by qualified full-time employees of the HMO and that enrollees have adequate access to the services described in 20 CSR 400-7.095(2)(A)3.A. Documentation must also be provided which demonstrates the contract holder was made aware of the circumstances under which such services were to be provided prior to the decision to contract with the HMO.
5. **Use of Physician Extenders in Medically Underserved Areas:**
HMOs must request consideration for the addition of physician extenders to meet access obligations in counties that are lacking in available physicians. Along with the request, the HMO must submit a database of the physician extenders that will be available for access. The database should follow the guidelines set forth for providers on pages 8 and 9 of the Access Plan Instructions. The HMO should also submit copies of the contract pages which demonstrate that the provider contract and health benefit plan permit the selection and use of physician extenders. Upon approval of the exception, the database will be merged with the provider file, and the score recalculated for that particular county. The recalculated score will then be entered into the chart that reflects the access using physician extenders for that county.

Exhibit A Travel Distance Standards

Provider/Service Type	Distance Standards		
	Urban County	Basic County	Rural County
Physicians			
PCPs	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Allergy	25	50	100
Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephrology	25	50	100
Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General surgery	15	30	60
Psychiatrist-Adult/General	15	30	60
Psychiatrist-Child/Adolescent	15	30	60
Psychologists/Other Therapists	10	20	40
Chiropractor	15	30	60
Hospitals			
Basic Hospital	30	30	30
Secondary Hospital	50	50	50
Tertiary Services			
Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Cardiac catheterization	100	100	100
Cardiac surgery	100	100	100
Pediatric subspecialty care	100	100	100
Mental Health Facilities			
Outpatient-Adult	15	30	60
Outpatient-Child/Adolescent	15	30	60
Outpatient-Geriatric	15	30	60
Inpatient/Intensive Treatment-Adult	25	50	100
Inpatient/Intensive Treatment-Child/Adolescent	25	50	100
Inpatient/Intensive Treatment-Geriatric	38	75	100
Inpatient/Intensive Treatment-Alcohol/Chemical Dependency	38	75	100
Ancillary Services			
Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50
Pharmacy			
Pharmacy	10	20	30

2004 CHANGES TO MISSOURI HOSPITALS FROM 2003

CORRECTIONS	
ST. MARY'S HEALTH CENTER (RICHMOND HEIGHTS)	ADDED TO HSE
ST. MARY'S HEALTH CENTER (RICHMOND HEIGHTS)	ADDED TO HT5
ST. MARY'S HEALTH CENTER (RICHMOND HEIGHTS)	ADDED TO HT6

NAME CHANGES	
NAME IN 2003	NAME IN 2004
AURORA COMMUNITY HOSPITAL	MERCY ST. JOHN'S AURORA COMMUNITY HOSPITAL
CAMERON COMMUNITY HOSPITAL	CAMERON REGIONAL MEDICAL CENTER
GENTRY COUNTY MEMORIAL HOSPITAL	NORTHWEST MEDIAL CENTER
SOUTH BARRY COUNTY HOSPITAL	ST. JOHN'S SOUTH BARRY COUNTY HOSPITAL

NO LONGER QUALIFYING AS INPATIENT HOSPITALS	
ST LOUIS CONNECTCARE (ST. LOUIS)	NO LONGER PROVIDING INPATIENT SERVICES

BASIC HOSPITALS	
HEARTLAND REGIONAL MEDICAL CENTER WEST (ST. JOSEPH)	ADDED

SECONDARY HOSPITALS	
CROSSROADS REGIONAL HEALTH CENTER (WENTZVILLE)	ADDED
ST. FRANCIS MEDICAL CENTER (CAPE GIRARDEAU)	ADDED
THREE RIVERS HEALTHCARE (POPLAR BLUFF)	ADDED
LAFAYETTE REGIONAL HEALTH CENER (LAFAYETTE)	REMOVED (NO OB UNIT)
SAC-OSAGE HOSPITAL (OSCEOLA)	REMOVED (NO OB UNIT)

HT1 LEVEL I OR II TRAUMA UNIT	
NO CHANGES	

HT2 NEONATAL INTENSIVE CARE UNIT	
ST. ANTHONY'S MEDICAL CENTER (ST. LOUIS)	ADDED
ST. FRANCIS MEDICAL CENTER (CAPE GIRARDEAU)	ADDED
HEARTLAND REGIONAL MEDICAL CENTER EAST (ST. JOSEPH)	REMOVED

HT3 PERINATOLOGY SERVICES	
CAPITAL REGION MEDICAL CENTER (JEFFERSON CITY)	ADDED
BOONE HOSPITAL CENER (COLUMBIA)	REMOVED
RESEARCH MEDICAL CENTER (KANSAS CITY)	REMOVED
ST. MARY'S HEALTH CENTER (JEFFERSON CITY)	REMOVED
TRUMAN MEDIAL CENTER (KANSAS CITY)	REMOVED

HT4 COMPREHENSIVE CANCER SERVICES	
CAPITAL REGION MEDICAL CENTER (JEFFERSON CITY)	ADDED
ST. MARY'S HEALTH CENTER (JEFFERSON CITY)	ADDED
BAPTIST LUTHERAN MEDICAL CENTER (KANSAS CITY)	REMOVED
FOREST PARK HOSPITAL (ST. LOUIS)	REMOVED
FREEMAN HEALTH SYSTEM (JOPLIN)	REMOVED
RESEARCH MEDICAL CENTER (KANSAS CITY)	REMOVED
SOUTHPOINTE HOSPITAL (ST. LOUIS)	REMOVED
ST. LUKE'S HOSPITAL OF KANSAS CITY (KANSAS CITY)	REMOVED

HT5 CARDIAC CATHETERIZATION	
ST. FRANCIS MEDICAL CENTER (CAPE GIRARDEAU)	ADDED
THREE RIVERS HEALTHCARE (POPLAR BLUFF)	ADDED

HT6 CARDIAC SURGERY	
CROSSROADS REGIONAL HOSPITAL (WENTZVILLE)	ADDED
OZARK MEDICAL CENTER (WEST PLAINS)	ADDED
ST. FRANCIS MEDICAL CENTER (CAPE GIRARDEAU)	ADDED
THREE RIVERS HEALTHCARE (POPLAR BLUFF)	ADDED
TEXAS COUNTY MEMORIAL HOSPITAL (HOUSTON)	REMOVED

HT7 PEDIATRIC SUBSPECIALTY CARE	
ST. FRANCIS MEDICAL CENTER (CAPE GIRARDEAU)	ADDED
CASS MEDICAL CENTER (HARRISONVILLE)	REMOVED
LIBERTY HOSPITAL (LIBERTY)	REMOVED
NORTH KANSAS CITY HOSPITAL (NORTH KANSAS CITY)	REMOVED

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
HBA	AUDRAIN MEDICAL CENTER	620 EAST MONROE STREET	MEXICO	MO	65265
HBA	BAPTIST LUTHERAN MEDICAL CENTER	6601 ROCKHILL ROAD	KANSAS CITY	MO	64131
HBA	BARNES JEWISH ST PETERS HOSPITAL	10 HOSPITAL DR	ST PETERS	MO	63376
HBA	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HBA	BARNES-JEWISH WEST CO HOSPITAL	12634 OLIVE ST RD	CREVE COEUR	MO	63141
HBA	BARTON COUNTY MEMORIAL HOSP	106 GULF STREET	LAMAR	MO	64759
HBA	BATES COUNTY MEMORIAL HOSP	615 W NURSERY PO BOX 370	BUTLER	MO	64730
HBA	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HBA	BOTHWELL REGIONAL HEALTH CTR	601 E 14TH ST PO BOX 1706	SEDALIA	MO	65302
HBA	BREECH MEDICAL CENTER	100 HOSPITAL DRIVE	LEBANON	MO	65536
HBA	CALLAWAY COMMUNITY HOSPITAL	10 SOUTH HOSPITAL DRIVE	FULTON	MO	65251
HBA	CAMERON REGIONAL MEDICAL CENTER INC	1600 EVERGREEN	CAMERON	MO	64429
HBA	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HBA	CARROLL CO MEMORIAL HOSPITAL	1502 N JEFFERSON	CARROLLTON	MO	64633
HBA	CASS MEDICAL CENTER	1800 EAST MECHANIC ST	HARRISONVILLE	MO	64701
HBA	CEDAR CO MEMORIAL HOSPITAL	1401 S PARK	ELDORADO SPRINGS	MO	64744
HBA	CHRISTIAN HOSPITAL NORTHEAST	11133 DUNN ROAD	ST LOUIS	MO	63136
HBA	CHRISTIAN HOSPITAL NORTHWEST	1225 GRAHAM ROAD	FLORISSANT	MO	63031
HBA	CITIZENS MEMORIAL HOSPITAL	1500 N OAKLAND	BOLIVAR	MO	65613
HBA	COLUMBIA REGIONAL HOSPITAL	404 KEENE STREET	COLUMBIA	MO	65201
HBA	COOPER CO MEM HOSPITAL	PO BOX 88 17651 B HWY	BOONVILLE	MO	65233
HBA	COX MEDICAL CENTER NORTH	1423 NORTH JEFFERSON	SPRINGFIELD	MO	65802
HBA	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HBA	COX MONETT HOSPITAL	801 NORTH LINCOLN AVE	MONETT	MO	65708
HBA	CROSSROADS REGIONAL HOSPITAL	500 MEDICAL DR PO BOX 711	WENTZVILLE	MO	63385
HBA	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HBA	DES PERES HOSPITAL	2345 DOUGHERTY FERRY	ST LOUIS	MO	63122
HBA	DOCTORS HOSPITAL OF SPRINGFIELD	2828 N NATIONAL	SPRINGFIELD	MO	65803
HBA	ELLETT MEMORIAL HOSPITAL	610 N OHIO AVE P O BOX 6	APPLETON CITY	MO	64724
HBA	EXCELSIOR SPRINGS MEDICAL CTR	1700 RAINBOW BLVD	EXCELSIOR SPRINGS	MO	64024
HBA	FAIRFAX COMMUNITY HOSPITAL	HIGHWAY 59 PO BOX 107	FAIRFAX	MO	64446
HBA	FITZGIBBON HOSPITAL	2305 S 65 HWY PO BOX 250	MARSHALL	MO	65340
HBA	FOREST PARK HOSPITAL	6150 OAKLAND AVENUE	ST LOUIS	MO	63139
HBA	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HBA	FREEMAN NEOSHO HOSPITAL	113 W HICKORY STREET	NEOSHO	MO	64850
HBA	GOLDEN VALLEY MEMORIAL HOSP	1600 NORTH SECOND STREET	CLINTON	MO	64735
HBA	HANNIBAL REGIONAL HOSPITAL	HWY 36 W PO BOX 551	HANNIBAL	MO	63401
HBA	HARRISON CO COMMUNITY HOSPITAL	2600 MILLER ST PO BOX 428	BETHANY	MO	64424
HBA	HEARTLAND REGIONAL MED CTR EAST	5325 FARAON STREET	ST JOSEPH	MO	64506
HBA	HEARTLAND REGIONAL MED CTR WEST	801 FARAON STREET	ST JOSEPH	MO	64501
HBA	HEDRICK MEDICAL CENTER	100 CENTRAL AVENUE	CHILLICOTHE	MO	64601
HBA	HERMANN AREA DISTRICT HOSP	PO BOX 470 509 WEST 18TH ST	HERMANN	MO	65041
HBA	INDEPENDENCE REGIONAL HLTH CTR	1509 WEST TRUMAN ROAD	INDEPENDENCE	MO	64050
HBA	JEFFERSON MEMORIAL HOSPITAL	BOX 350 HIGHWAY 61 SOUTH	CRYSTAL CITY	MO	63019
HBA	LAFAYETTE REGIONAL HLTH CTR	1500 STATE STREET	LEXINGTON	MO	64067
HBA	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DR	OSAGE BEACH	MO	65065
HBA	LEES SUMMIT HOSPITAL	530 N MURRAY RD	LEES SUMMIT	MO	64081
HBA	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HBA	LINCOLN CO MEM HOSPITAL	1000 EAST CHERRY	TROY	MO	63379
HBA	MADISON MEDICAL CENTER	611 W MAIN STREET PO BOX 431	FREDERICKTOWN	MO	63645
HBA	MCCUNE-BROOKS HOSPITAL	627 W CENTENNIAL AVE	CARTHAGE	MO	64836
HBA	MEDICAL CENTER OF INDEPENDENCE	17203 EAST 23RD STREET	INDEPENDENCE	MO	64057
HBA	MERCY ST JOHNS AURORA COMMUNITY HOSPIT	500 PORTER AVE	AURORA	MO	65605
HBA	MINERAL AREA REGIONAL MEDICAL CTR	1212 WEBER ROAD	FARMINGTON	MO	63640
HBA	MISSOURI BAPTIST HOSP OF SULLIVAN	751 SAPPINGTON BRIDGE RD PO BOX 190	SULLIVAN	MO	63080
HBA	MISSOURI BAPTIST MEDICAL CTR	3015 NORTH BALLAS ROAD	TOWN AND COUNTRY	MO	63131
HBA	MISSOURI DELTA MEDICAL CTR	1008 NORTH MAIN ST	SIKESTON	MO	63801
HBA	MISSOURI SOUTHERN HEALTHCARE	1200 N ONE MILE RD	DEXTER	MO	63841
HBA	MOBERLY REG MED CTR	1515 UNION ST PO BOX 3000	MOBERLY	MO	65270
HBA	NEVADA REGIONAL MEDICAL CTR	800 SOUTH ASH STREET	NEVADA	MO	64772
HBA	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HBA	NORTHEAST REGIONAL MED CTR	315 S OSTEOPATHY PO BOX C8502	KIRKSVILLE	MO	63501
HBA	NORTHWEST MEDICAL CENTER	705 NORTH COLLEGE	ALBANY	MO	64402
HBA	OZARKS MEDICAL CENTER	1100 KENTUCKY AVE PO BOX 1100	WEST PLAINS	MO	65775
HBA	PARKLAND HEALTH CTR FARMINGTON	1101 W LIBERTY	FARMINGTON	MO	63640

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
HBA	PEMISCOT MEMORIAL HEALTH SYSTEM	HWY 61 & REED PO BOX 489	HAYTI	MO	63851
HBA	PERRY CO MEMORIAL HOSP	434 NORTH WEST ST	PERRYVILLE	MO	63775
HBA	PERSHING MEMORIAL HOSPITAL	130 E LOCKLING AVE P O BOX 408	BROOKFIELD	MO	64628
HBA	PHELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HBA	PIKE CO MEMORIAL HOSP	2305 W GEORGIA ST	LOUISIANA	MO	63353
HBA	PUTNAM CO MEMORIAL HOSP	1926 OAK ST P O BOX 389	UNIONVILLE	MO	63565
HBA	RAY CO MEMORIAL HOSPITAL	904 WOLLARD BOULEVARD	RICHMOND	MO	64085
HBA	RESEARCH BELTON HOSPITAL	17065 SOUTH 71 HWY P O BOX 27489	BELTON	MO	64012
HBA	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HBA	REYNOLDS CO GENERAL MEM HOSPITAL	ROUTE 4 BOX 4269	ELLINGTON	MO	63638
HBA	RIPLEY CO MEMORIAL HOSPITAL	109 PLUM STREET	DONIPHAN	MO	63935
HBA	SAC-OSAGE HOSPITAL	JCT HWY 13 & BUS 13	OSCEOLA	MO	64776
HBA	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HBA	SALEM MEMORIAL DISTRICT HOSP	HWY 72 N PO BOX 774	SALEM	MO	65560
HBA	SAMARITAN MEMORIAL HOSP	1205 NORTH JACKSON ST	MACON	MO	63552
HBA	SCOTLAND CO MEM HOSPITAL	RR 1 BOX 53 SIGLER ST	MEMPHIS	MO	63555
HBA	SKAGGS COMMUNITY HEALTH CTR	P O BOX 650 BUS HWY 65 & SKAGGS RD	BRANSON	MO	65615
HBA	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HBA	SOUTHPOINTE HOSPITAL	2639 MIAMI STREET	ST LOUIS	MO	63118
HBA	ST ALEXIUS HOSPITAL	3933 SOUTH BROADWAY	ST LOUIS	MO	63118
HBA	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HBA	ST FRANCIS HOSP & HLTH SERV	2016 S MAIN ST	MARYVILLE	MO	64468
HBA	ST FRANCIS HOSPITAL	100 WEST HIGHWAY 60 PO BOX 82	MOUNTAIN VIEW	MO	65548
HBA	ST JOHNS MERCY HOSPITAL	901 EAST 5TH STREET	WASHINGTON	MO	63090
HBA	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HBA	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HBA	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HBA	ST JOHNS SOUTH BARRY COUNTY HOSPITAL	94 MAIN ST	CASSVILLE	MO	65625
HBA	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HBA	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HBA	ST JOSEPH HOSP OF KIRKWOOD	525 COUCH AVENUE	KIRKWOOD	MO	63122
HBA	ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA	LAKE ST LOUIS	MO	63367
HBA	ST LOUIS UNIVERSITY HOSPITAL	3635 VISTA AT GRAND PO BOX 15250	ST LOUIS	MO	63110
HBA	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HBA	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HBA	ST LUKES NORTHLAND HOSP SMITHVILLE	601 SOUTH 169 HWY PO BOX 289	SMITHVILLE	MO	64089
HBA	ST LUKES NORTHLAND HOSP-BARRY RD	5830 N W BARRY RD	KANSAS CITY	MO	64154
HBA	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA	JEFFERSON CITY	MO	65101
HBA	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HBA	ST MARYS HOSP OF BLUE SPRINGS	201 WEST R D MIZE RD	BLUE SPRINGS	MO	64014
HBA	STE GENEVIEVE CO MEM HOSP	HWYS 61 & 32 PO BOX 468	STE GENEVIEVE	MO	63670
HBA	SULLIVAN CO MEM HOSPITAL	630 W THIRD ST	MILAN	MO	63556
HBA	TEXAS CO MEMORIAL HOSPITAL	1333 SAM HOUSTON BLVD	HOUSTON	MO	65483
HBA	THREE RIVERS HEALTHCARE	2620 WESTWOOD BLVD PO BOX 88	POPLAR BLUFF	MO	63901
HBA	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HBA	TRUMAN MEDICAL CTR LAKEWOOD	7900 LEES SUMMIT RD	KANSAS CITY	MO	64139
HBA	TWIN RIVERS REGIONAL MED CTR	1301 FIRST STREET PO BOX 668	KENNETT	MO	63857
HBA	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212
HBA	WASHINGTON CO MEM HOSP	300 HEALTH WAY	POTOSI	MO	63664
HBA	WESTERN MO MEDICAL CTR	403 BURKARTH RD	WARRENSBURG	MO	64093
HBA	WRIGHT MEMORIAL HOSPITAL	701 E FIRST ST PO BOX 628	TRENTON	MO	64683

HSE	AUDRAIN MEDICAL CENTER	620 EAST MONROE STREET	MEXICO	MO	65265
HSE	BAPTIST LUTHERAN MEDICAL CENTER	6601 ROCKHILL ROAD	KANSAS CITY	MO	64131
HSE	BARNES JEWISH ST PETERS HOSPITAL	10 HOSPITAL DR	ST PETERS	MO	63376
HSE	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HSE	BARTON COUNTY MEMORIAL HOSP	106 GULF STREET	LAMAR	MO	64759
HSE	BATES COUNTY MEMORIAL HOSP	615 W NURSERY PO BOX 370	BUTLER	MO	64730
HSE	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HSE	BOTHWELL REGIONAL HEALTH CTR	601 E 14TH ST PO BOX 1706	SEDALIA	MO	65302
HSE	BREECH MEDICAL CENTER	100 HOSPITAL DRIVE	LEBANON	MO	65536
HSE	CALLAWAY COMMUNITY HOSPITAL	10 SOUTH HOSPITAL DRIVE	FULTON	MO	65251
HSE	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HSE	CITIZENS MEMORIAL HOSPITAL	1500 N OAKLAND	BOLIVAR	MO	65613

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
HSE	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HSE	CROSSROADS REGIONAL HOSPITAL	500 MEDICAL DR PO BOX 711	WENTZVILLE	MO	63385
HSE	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HSE	FAIRFAX COMMUNITY HOSPITAL	HIGHWAY 59 PO BOX 107	FAIRFAX	MO	64446
HSE	FITZGIBBON HOSPITAL	2305 S 65 HWY PO BOX 250	MARSHALL	MO	65340
HSE	FOREST PARK HOSPITAL	6150 OAKLAND AVENUE	ST LOUIS	MO	63139
HSE	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HSE	GOLDEN VALLEY MEMORIAL HOSP	1600 NORTH SECOND STREET	CLINTON	MO	64735
HSE	HANNIBAL REGIONAL HOSPITAL	HWY 36 W PO BOX 551	HANNIBAL	MO	63401
HSE	HEARTLAND REGIONAL MED CTR EAST	5325 FARAON STREET	ST JOSEPH	MO	64506
HSE	HEDRICK MEDICAL CENTER	100 CENTRAL AVENUE	CHILLICOTHE	MO	64601
HSE	JEFFERSON MEMORIAL HOSPITAL	BOX 350 HIGHWAY 61 SOUTH	CRYSTAL CITY	MO	63019
HSE	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DR	OSAGE BEACH	MO	65065
HSE	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HSE	MEDICAL CENTER OF INDEPENDENCE	17203 EAST 23RD STREET	INDEPENDENCE	MO	64057
HSE	MERCY ST JOHNS AURORA COMMUNITY HOSPIT	500 PORTER AVE	AURORA	MO	65605
HSE	MINERAL AREA REGIONAL MEDICAL CTR	1212 WEBER ROAD	FARMINGTON	MO	63640
HSE	MISSOURI BAPTIST HOSP OF SULLIVAN	751 SAPPINGTON BRIDGE RD PO BOX 190	SULLIVAN	MO	63080
HSE	MISSOURI BAPTIST MEDICAL CTR	3015 NORTH BALLAS ROAD	TOWN AND COUNTRY	MO	63131
HSE	MISSOURI DELTA MEDICAL CTR	1008 NORTH MAIN ST	SIKESTON	MO	63801
HSE	MOBERLY REG MED CTR	1515 UNION ST PO BOX 3000	MOBERLY	MO	65270
HSE	NEVADA REGIONAL MEDICAL CTR	800 SOUTH ASH STREET	NEVADA	MO	64772
HSE	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HSE	NORTHEAST REGIONAL MED CTR	315 S OSTEOPATHY PO BOX C8502	KIRKSVILLE	MO	63501
HSE	OZARKS MEDICAL CENTER	1100 KENTUCKY AVE PO BOX 1100	WEST PLAINS	MO	65775
HSE	PARKLAND HEALTH CTR FARMINGTON	1101 W LIBERTY	FARMINGTON	MO	63640
HSE	PEMISCOT MEMORIAL HEALTH SYSTEM	HWY 61 & REED PO BOX 489	HAYTI	MO	63851
HSE	PHELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HSE	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HSE	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HSE	SCOTLAND CO MEM HOSPITAL	RR 1 BOX 53 SIGLER ST	MEMPHIS	MO	63555
HSE	SKAGGS COMMUNITY HEALTH CTR	P O BOX 650 BUS HWY 65 & SKAGGS RD	BRANSON	MO	65615
HSE	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HSE	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HSE	ST JOHNS MERCY HOSPITAL	901 EAST 5TH STREET	WASHINGTON	MO	63090
HSE	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HSE	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HSE	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HSE	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HSE	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HSE	ST JOSEPH HOSP OF KIRKWOOD	525 COUCH AVENUE	KIRKWOOD	MO	63122
HSE	ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA	LAKE ST LOUIS	MO	63367
HSE	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HSE	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HSE	ST LUKES NORTHLAND HOSP-BARRY RD	5830 N W BARRY RD	KANSAS CITY	MO	64154
HSE	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA	JEFFERSON CITY	MO	65101
HSE	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HSE	ST MARYS HOSP OF BLUE SPRINGS	201 WEST R D MIZE RD	BLUE SPRINGS	MO	64014
HSE	STE GENEVIEVE CO MEM HOSP	HWYS 61 & 32 PO BOX 468	STE GENEVIEVE	MO	63670
HSE	TEXAS CO MEMORIAL HOSPITAL	1333 SAM HOUSTON BLVD	HOUSTON	MO	65483
HSE	THREE RIVERS HEALTHCARE	2620 WESTWOOD BLVD PO BOX 88	POPLAR BLUFF	MO	63901
HSE	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HSE	TWIN RIVERS REGIONAL MED CTR	1301 FIRST STREET PO BOX 668	KENNETT	MO	63857
HSE	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212
HSE	WESTERN MO MEDICAL CTR	403 BURKARTH RD	WARRENSBURG	MO	64093

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
	Level I or Level II Trauma Unit				
HT1	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HT1	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT1	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT1	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HT1	HEARTLAND REGIONAL MED CTR EAST	5325 FARAON STREET	ST JOSEPH	MO	64506
HT1	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HT1	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HT1	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HT1	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HT1	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT1	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT1	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HT1	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HT1	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HT1	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT1	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HT1	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Neonatal Intensive Care Unit				
HT2	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HT2	CARDINAL GLENNON CHILDRENS HOSPITAL	1465 S GRAND BLVD	ST LOUIS	MO	63104
HT2	CHILDRENS MERCY HOSPITAL	2401 GILLHAM ROAD	KANSAS CITY	MO	64108
HT2	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT2	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HT2	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HT2	MEDICAL CENTER OF INDEPENDENCE	17203 EAST 23RD STREET	INDEPENDENCE	MO	64057
HT2	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HT2	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HT2	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HT2	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HT2	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT2	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT2	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HT2	ST LOUIS CHILDRENS HOSPITAL	ONE CHILDRENS PLACE	ST LOUIS	MO	63110
HT2	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT2	ST LUKES NORTHLAND HOSP-BARRY RD	5830 N W BARRY RD	KANSAS CITY	MO	64154
HT2	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HT2	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HT2	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Perinatology Services				
HT3	BAPTIST LUTHERAN MEDICAL CENTER	6601 ROCKHILL ROAD	KANSAS CITY	MO	64131
HT3	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HT3	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT3	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT3	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HT3	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT3	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT3	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HT3	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT3	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Comprehensive Cancer Services (cont'd on next page)				
HT4	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HT4	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HT4	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HT4	CHRISTIAN HOSPITAL NORTHEAST	11133 DUNN ROAD	ST LOUIS	MO	63136
HT4	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT4	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT4	MISSOURI BAPTIST MEDICAL CTR	3015 NORTH BALLAS ROAD	TOWN AND COUNTRY	MO	63131
HT4	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HT4	OZARKS MEDICAL CENTER	1100 KENTUCKY AVE PO BOX 1100	WEST PLAINS	MO	65775
HT4	PHELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HT4	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
	Comprehensive Cancer Services (cont'd)				
HT4	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HT4	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT4	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT4	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HT4	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HT4	ST JOSEPH HOSP OF KIRKWOOD	525 COUCH AVENUE	KIRKWOOD	MO	63122
HT4	ST LOUIS UNIVERSITY HOSPITAL	3635 VISTA AT GRAND PO BOX 15250	ST LOUIS	MO	63110
HT4	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HT4	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA	JEFFERSON CITY	MO	65101
HT4	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HT4	ST MARYS HOSP OF BLUE SPRINGS	201 WEST R D MIZE RD	BLUE SPRINGS	MO	64014
HT4	THREE RIVERS HEALTHCARE	2620 WESTWOOD BLVD PO BOX 88	POPLAR BLUFF	MO	63901
HT4	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Cardia Catheterization				
HT5	AUDRAIN MEDICAL CENTER	620 EAST MONROE STREET	MEXICO	MO	65265
HT5	BAPTIST LUTHERAN MEDICAL CENTER	6601 ROCKHILL ROAD	KANSAS CITY	MO	64131
HT5	BARNES JEWISH ST PETERS HOSPITAL	10 HOSPITAL DR	ST PETERS	MO	63376
HT5	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HT5	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HT5	BOTHWELL REGIONAL HEALTH CTR	601 E 14TH ST PO BOX 1706	SEDALIA	MO	65302
HT5	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HT5	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT5	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT5	FOREST PARK HOSPITAL	6150 OAKLAND AVENUE	ST LOUIS	MO	63139
HT5	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HT5	HANNIBAL REGIONAL HOSPITAL	HWY 36 W PO BOX 551	HANNIBAL	MO	63401
HT5	HEARTLAND REGIONAL MED CTR EAST	5325 FARAON STREET	ST JOSEPH	MO	64506
HT5	JEFFERSON MEMORIAL HOSPITAL	BOX 350 HIGHWAY 61 SOUTH	CRYSTAL CITY	MO	63019
HT5	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DR	OSAGE BEACH	MO	65065
HT5	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HT5	MEDICAL CENTER OF INDEPENDENCE	17203 EAST 23RD STREET	INDEPENDENCE	MO	64057
HT5	MISSOURI BAPTIST MEDICAL CTR	3015 NORTH BALLAS ROAD	TOWN AND COUNTRY	MO	63131
HT5	MISSOURI DELTA MEDICAL CTR	1008 NORTH MAIN ST	SIKESTON	MO	63801
HT5	MOBERLY REG MED CTR	1515 UNION ST PO BOX 3000	MOBERLY	MO	65270
HT5	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HT5	NORTHEAST REGIONAL MED CTR	315 S OSTEOPATHY PO BOX C8502	KIRKSVILLE	MO	63501
HT5	OZARKS MEDICAL CENTER	1100 KENTUCKY AVE PO BOX 1100	WEST PLAINS	MO	65775
HT5	HELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HT5	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HT5	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HT5	SKAGGS COMMUNITY HEALTH CTR	P O BOX 650 BUS HWY 65 & SKAGGS RD	BRANSON	MO	65615
HT5	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HT5	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HT5	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT5	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT5	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HT5	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HT5	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HT5	ST JOSEPH HOSP OF KIRKWOOD	525 COUCH AVENUE	KIRKWOOD	MO	63122
HT5	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HT5	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT5	ST LUKES NORTHLAND HOSP-BARRY RD	5830 N W BARRY RD	KANSAS CITY	MO	64154
HT5	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA	JEFFERSON CITY	MO	65101
HT5	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HT5	ST MARYS HOSP OF BLUE SPRINGS	201 WEST R D MIZE RD	BLUE SPRINGS	MO	64014
HT5	THREE RIVERS HEALTHCARE	2620 WESTWOOD BLVD PO BOX 88	POPLAR BLUFF	MO	63901
HT5	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HT5	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Cardia Surgery (cont'd on next page)				
HT6	AUDRAIN MEDICAL CENTER	620 EAST MONROE STREET	MEXICO	MO	65265
HT6	BAPTIST LUTHERAN MEDICAL CENTER	6601 ROCKHILL ROAD	KANSAS CITY	MO	64131
HT6	BARNES JEWISH ST PETERS HOSPITAL	10 HOSPITAL DR	ST PETERS	MO	63376

2003 MISSOURI HOSPITAL CLASSIFICATIONS

TYPE	NAME	STREET	CITY	ST	ZIP
	Cardia Surgery (cont'd)				
HT6	BARNES-JEWISH HOSPITAL	216 SOUTH KINGSHIGHWAY	ST LOUIS	MO	63110
HT6	BATES COUNTY MEMORIAL HOSP	615 W NURSERY PO BOX 370	BUTLER	MO	64730
HT6	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HT6	BOTHWELL REGIONAL HEALTH CTR	601 E 14TH ST PO BOX 1706	SEDALIA	MO	65302
HT6	CAPITAL REGION MEDICAL CENTER	1125 MADISON P O BOX 1128	JEFFERSON CITY	MO	65102
HT6	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT6	CROSSROADS REGIONAL HOSPITAL	500 MEDICAL DR PO BOX 711	WENTZVILLE	MO	63385
HT6	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT6	FOREST PARK HOSPITAL	6150 OAKLAND AVENUE	ST LOUIS	MO	63139
HT6	FREEMAN HEALTH SYSTEM	1102 WEST 32ND	JOPLIN	MO	64804
HT6	HANNIBAL REGIONAL HOSPITAL	HWY 36 W PO BOX 551	HANNIBAL	MO	63401
HT6	HEARTLAND REGIONAL MED CTR EAST	5325 FARAON STREET	ST JOSEPH	MO	64506
HT6	JEFFERSON MEMORIAL HOSPITAL	BOX 350 HIGHWAY 61 SOUTH	CRYSTAL CITY	MO	63019
HT6	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DR	OSAGE BEACH	MO	65065
HT6	LIBERTY HOSPITAL	2525 GLENN HENDREN DR PO BOX 1002	LIBERTY	MO	64069
HT6	MEDICAL CENTER OF INDEPENDENCE	17203 EAST 23RD STREET	INDEPENDENCE	MO	64057
HT6	MERCY ST JOHNS AURORA COMMUNITY HOSPIT	500 PORTER AVE	AURORA	MO	65605
HT6	MISSOURI BAPTIST HOSP OF SULLIVAN	751 SAPPINGTON BRIDGE RD PO BOX 190	SULLIVAN	MO	63080
HT6	MISSOURI BAPTIST MEDICAL CTR	3015 NORTH BALLAS ROAD	TOWN AND COUNTRY	MO	63131
HT6	MISSOURI DELTA MEDICAL CTR	1008 NORTH MAIN ST	SIKESTON	MO	63801
HT6	MOBERLY REG MED CTR	1515 UNION ST PO BOX 3000	MOBERLY	MO	65270
HT6	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DR	NORTH KANSAS CITY	MO	64116
HT6	NORTHEAST REGIONAL MED CTR	315 S OSTEOPATHY PO BOX C8502	KIRKSVILLE	MO	63501
HT6	OZARKS MEDICAL CENTER	1100 KENTUCKY AVE PO BOX 1100	WEST PLAINS	MO	65775
HT6	PHELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HT6	RESEARCH MEDICAL CENTER	2316 EAST MEYER BLVD	KANSAS CITY	MO	64132
HT6	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HT6	SCOTLAND CO MEM HOSPITAL	RR 1 BOX 53 SIGLER ST	MEMPHIS	MO	63555
HT6	SKAGGS COMMUNITY HEALTH CTR	P O BOX 650 BUS HWY 65 & SKAGGS RD	BRANSON	MO	65615
HT6	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HT6	ST ANTHONYS MEDICAL CENTER	10010 KENNERLY ROAD	ST LOUIS	MO	63128
HT6	ST JOHNS MERCY HOSPITAL	901 EAST 5TH STREET	WASHINGTON	MO	63090
HT6	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT6	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT6	ST JOHNS REGIONAL MEDICAL CTR	2727 MCCLELLAND BLVD	JOPLIN	MO	64804
HT6	ST JOSEPH HEALTH CENTER	300 FIRST CAPITAL DR	ST CHARLES	MO	63301
HT6	ST JOSEPH HLTH CTR OF KANSAS CITY	1000 CARONDELET DRIVE	KANSAS CITY	MO	64114
HT6	ST JOSEPH HOSP OF KIRKWOOD	525 COUCH AVENUE	KIRKWOOD	MO	63122
HT6	ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA	LAKE ST LOUIS	MO	63367
HT6	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HT6	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT6	ST LUKES NORTHLAND HOSP-BARRY RD	5830 N W BARRY RD	KANSAS CITY	MO	64154
HT6	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA	JEFFERSON CITY	MO	65101
HT5	ST MARYS HEALTH CTR	6420 CLAYTON ROAD	RICHMOND HEIGHTS	MO	63117
HT6	ST MARYS HOSP OF BLUE SPRINGS	201 WEST R D MIZE RD	BLUE SPRINGS	MO	64014
HT6	THREE RIVERS HEALTHCARE	2620 WESTWOOD BLVD PO BOX 88	POPLAR BLUFF	MO	63901
HT6	TRUMAN MEDICAL CENTER	2301 HOLMES	KANSAS CITY	MO	64108
HT6	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

	Pediatric Subspecialty Care				
HT7	BOONE HOSPITAL CENTER	1600 E BROADWAY	COLUMBIA	MO	65201
HT7	CARDINAL GLENNON CHILDRENS HOSPITAL	1465 S GRAND BLVD	ST LOUIS	MO	63104
HT7	CHILDRENS MERCY HOSPITAL	2401 GILLHAM ROAD	KANSAS CITY	MO	64108
HT7	COX MEDICAL CENTER SOUTH	3801 S NATIONAL	SPRINGFIELD	MO	65807
HT7	DEPAUL HEALTH CENTER	12303 DE PAUL DRIVE	BRIDGETON	MO	63044
HT7	PHELPS CO REG MED CTR	1000 W 10TH ST	ROLLA	MO	65401
HT7	SAINT FRANCIS MEDICAL CENTER	211 ST FRANCIS DR	CAPE GIRARDEAU	MO	63703
HT7	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST	CAPE GIRARDEAU	MO	63701
HT7	ST JOHNS MERCY MED CENTER	615 S NEW BALLAS RD	CREVE COEUR	MO	63141
HT7	ST JOHNS REGIONAL HEALTH CTR	1235 EAST CHEROKEE	SPRINGFIELD	MO	65804
HT7	ST LOUIS CHILDRENS HOSPITAL	ONE CHILDRENS PLACE	ST LOUIS	MO	63110
HT7	ST LUKES HOSPITAL	232 SOUTH WOODS MILL RD	CHESTERFIELD	MO	63017
HT7	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL RD BOX 119000	KANSAS CITY	MO	64171
HT7	UNIVERSITY HOSPITALS & CLINICS	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212

Missouri County Types

2000 Census

Missouri County	Census 200 Total Pop	Type
Adair County	24,977	RURAL
Andrew County	16,492	RURAL
Atchison County	6,430	RURAL
Audrain count	25,853	RURAL
Barry County	34,010	RURAL
Barton County	12,541	RURAL
Bates County	16,653	RURAL
Benton County	17,180	RURAL
Bollinger County	12,029	RURAL
Boone County	135,454	BASIC
Buchanan County	85,998	BASIC
Butler County**	40,867	RURAL
Caldwell County**	8,969	RURAL
Callaway County	40,766	RURAL
Camden County	37,051	RURAL
Cape Girardeau County	68,693	BASIC
Carroll County	10,285	RURAL
Carter County	5,941	RURAL
Cass County	82,092	BASIC
Cedar County	13,733	RURAL
Chariton County	8,438	RURAL
Christian County*	54,285	BASIC
Clark County	7,416	RURAL
Clay County	184,006	BASIC
Clinton County	18,979	RURAL
Cole County	71,397	BASIC
Cooper County	16,670	RURAL
Crawford County	22,804	RURAL
Dade County	7,923	RURAL
Dallas County	15,661	RURAL
Daviess County	8,016	RURAL
DeKalb County	11,597	RURAL
Dent County	14,927	RURAL
Douglas County	13,084	RURAL
Dunklin County	33,155	RURAL
Franklin County	93,807	BASIC
Gasconade County	15,342	RURAL
Gentry County	6,861	RURAL
Greene County	240,391	URBAN
Grundy County	10,432	RURAL
Harrison County	8,850	RURAL
Henry County	21,997	RURAL
Hickory County	8,940	RURAL
Holt County	5,351	RURAL
Howard County	10,212	RURAL
Howell County	37,238	RURAL
Iron County	10,697	RURAL
Jackson County	654,880	URBAN
Jasper County	104,686	BASIC
Jefferson County	198,099	BASIC
Johnson County	48,258	RURAL
Knox County	4,361	RURAL
Laclede County	32,513	RURAL
Lafayette County	32,960	RURAL
Lawrence County	35,204	RURAL
Lewis County	10,494	RURAL
Lincoln County	38,944	RURAL
Linn County	13,754	RURAL

Missouri County	Census 2000 Total Pop	Type
Livingston County	14,558	RURAL
McDonald County	21,681	RURAL
Macon County	15,762	RURAL
Madison County	11,800	RURAL
Maries County	8,903	RURAL
Marion County	28,289	RURAL
Mercer County	3,757	RURAL
Miller County	23,564	RURAL
Mississippi County	13,427	RURAL
Moniteau County	14,827	RURAL
Monroe County	9,311	RURAL
Montgomery County	12,136	RURAL
Morgan County	19,309	RURAL
New Madrid County	19,760	RURAL
Newton County*	52,636	BASIC
Nodaway County	21,912	RURAL
Oregon County	10,344	RURAL
Osage County	13,062	RURAL
Ozark County	9,542	RURAL
Pemiscot County	20,047	RURAL
Perry County	18,132	RURAL
Pettis County	39,403	RURAL
Phelps County	39,825	RURAL
Pike County	18,351	RURAL
Platte County	73,781	BASIC
Polk County	26,992	RURAL
Pulaski County	41,165	RURAL
Putnam County	5,223	RURAL
Ralls County	9,626	RURAL
Randolph County	24,663	RURAL
Ray County	23,354	RURAL
Reynolds County	6,689	RURAL
Ripley County	13,509	RURAL
St. Charles County	283,883	URBAN
St. Clair County	9,652	RURAL
Ste. Genevieve County	17,842	RURAL
St. Francois County	55,641	BASIC
St. Louis County	1,016,315	URBAN
Saline County	23,756	RURAL
Schuyler County	4,170	RURAL
Scotland County	4,983	RURAL
Scott County	40,422	RURAL
Shannon County	8,324	RURAL
Shelby County	6,799	RURAL
Stoddard County	29,705	RURAL
Stone County	28,658	RURAL
Sullivan County	7,219	RURAL
Taney County	39,703	RURAL
Texas County	23,003	RURAL
Vernon County	20,454	RURAL
Warren County	24,525	RURAL
Washington County	23,344	RURAL
Wayne County	13,259	RURAL
Webster County	31,045	RURAL
Worth County	2,382	RURAL
Wright County	17,955	RURAL
City of St. Louis	348,189	URBAN
Missouri total	5,595,211	

* Christian and Newton Counties changed from rural to basic due to census

**Official Manual contains incorrect population figures of 40,379 and 8,926 respectively

<u>COMMERCIAL</u>		<u>FACILITY</u>		<u>ANCILLARY</u>		<u>PROVIDER</u>	
<u>ENROLLEE</u>							
ZIPCODE	5	TAXID	15	TAXID	15	LICNUM	10
COUNTCM	8	FACTYPE	3	ANCTYPE	3	LASTNAME	25
NAIC	5	FACNAME	100	ANCNAME	100	FRSTNAME	18
		FACSTRT	80	ANCSTRT	80	MIDINIT	1
<u>MEDICAID</u>		FACCITY	20	ANCCITY	20	PROVADD	40
<u>ENROLLEE</u>		FACSTATE	2	ANCSTATE	2	PROVCITY	20
		ZIPCODE	5	ZIPCODE	5	PROVST	2
ZIPCODE	5	FACCOMM	1	ANCCOMM	1	ZIPCODE	5
COUNTMCD	8	FACMDCR	1	ANCMDCR	1	PRIMCARE	1
NAIC	5	FACMDCD	1	ANCMDCD	1	SPCILST	1
		FACMCHCP	1	ANCMCHCP	1	HMOCOMM	1
<u>MEDICARE</u>		FACNAIC	5	ANCHOME	1	HMOMDCR	1
<u>ENROLLEE</u>				ANCFACIL	1	HMOMDCD	1
		Total	234	ANCNAIC	5	HMOMCHCP	1
ZIPCODE	5					PRIMEYE	1
COUNTMCR	8			Total	236	SPEC1	3
NAIC	5					SPEC2	3
						SPEC3	3
<u>MCHCP</u>						CLOSPRAC	1
<u>ENROLLEE</u>						PROVNAIC	5
ZIPCODE	5					Total	143
COUNTMCH	8						
NAIC	5						
Total	18						

Check List for Cover Letter

1. ☐ All managed care plans offered by the HMO, including each product's name and type
2. ☐ A chart indicating the populations served by the HMO and the Missouri counties in which the HMO is currently serving those populations

Check List for Written

1. ☐ A description of our health carrier's network, and, if applicable, completed affidavit
2. ☐ A description of procedures for making referrals within and outside our network
3. ☐ A description of our process for monitoring and assuring on an ongoing basis the sufficiency of our network to meet the health care needs of our enrollees in our managed care plan
4. ☐ A description of our method for assessing the health care needs of enrollees and their satisfaction with services
5. ☐ A description of our method of informing enrollees of the plan's services and features including but not limited to the plans grievance procedures, process for choosing and changing providers, procedures for providing and approving emergency and specialty care
6. ☐ A description of our method of ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services (including social services and other community resources) and for ensuring appropriate discharge planning
7. ☐ A description of the process for enabling enrollees to change primary care physicians
8. ☐ A description of our plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, a reduction in service area or the health carrier's insolvency or other inability to continue operations. The description shall explain how enrollees would be notified should any of these events occur, and how enrollees would be transferred to other professionals in a timely manner
9. ☐ A description of our method of ensuring Emergency Medical Services
10. ☐ Home Health Providers Chart
11. ☐ A description of administrative measures for reasonable access to providers that are not listed in Exhibit A.
12. ☐ Information to show entire network is available to all enrollees
13. ☐ Measures are in place for timely access to appointments with all providers in Exhibit A.
 - ☐ Routine care in 30 days
 - ☐ Routine care with symptoms 1 week
 - ☐ Urgent care 24 hours
 - ☐ Emergency care 24/7
 - ☐ Obstetrical care 1st, 2nd trimester 1 week
 - ☐ Obstetrical care 3rd trimester 3 days
 - ☐ Obstetrical care emergency 24/7
 - ☐ Mental health care; 24/7 telephone access

Check List for Provider Directories

1. ☐ Most recent copies of all Network Provider directories, including vision, behavioral health, pharmacy, chemical dependency and substance abuse directories, or any other directories produced by subcontractors
2. ☐ The provider directories provide names, addresses and telephone numbers for all participating providers
3. ☐ If additional information is included, does it comply with Missouri statutes and regulations?

Check List for Affidavit in lieu of data submission

1. ☐ Must fall into one of the following categories
 - ☐ Medicare + Choice
 - ☐ NCQA
 - ☐ JCAHO
 - ☐ URAC
 - ☐ OTHER
2. ☐ In effect on March 1, 2004, and accreditation date listed on affidavit
3. ☐ Approved (TD) form filed with the Missouri Department of Insurance for all policy affidavits?
(Not applicable to Medicare + Choice)
4. ☐ Product name specified for the managed care plan?
5. ☐ Form number of the health benefit plan listed?
6. ☐ Affidavit signed and notarized?